

07/09/01
JCS95 U.S. PTO

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In the United States Patent and Trademark Office

Mailed: _____
At: _____

Assistant Commissioner for Patents
Washington, District of Columbia 20231

Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: Jack V. Smith
Other Applicant(s):
Title: UA Cup

(X) Specification, Claims, and Abstract: Nr. of Sheets 14
(X) Declaration: Date Signed: 7/8/01
(X) Drawing(s): Number of Sheets Enclosed: (In Triplicate):
 Formal:
 Informal: 15
(X) Small Entity Declaration of Inventor(s)
() Small Entity Declaration of Non-Inventor / Assignee/Licensee
() Assignment; please record and return; recordal fee enclosed.
(x) Check for \$ 355.00 for:
 (X) \$ Filing Fee for filing fee (not more than three independent claims and twenty total claims are presented).
 () \$ Assignment Fee Additional if Assignment is enclosed for recording.
() Return Receipt Postcard Addressed to Applicant #1.
(X) Request Under MPEP § 707.07(j): The undersigned, a pro-se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

Very respectfully,

Date: 7/8/01

Applicant: Jack V. Smith, signature

Address: Jack V. Smith
P.O. Box 156
Arden, NC 28704
Phone: 828-650-0410 / 828-650-0409

Express Mail Label #: ET 714138136 US

Date of Deposit 7/9/01

In the United States Patent and Trademark Office

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Fee Transmittal

First-named Inventor: Jack V. Smith

Title of Invention: "UA Cup"

Total Payment Enclosed (from Calculation Below): \$355.00 Check Money Order

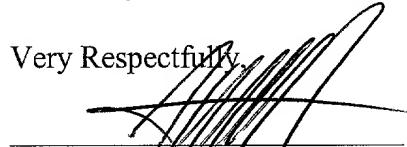
Sir:

Enclosed is the following small entity filing fee for the above patent application:

Fee Code	Fee Description	Fee(\$)
214	Provisional Pat. Appn. Filing Fee	
201	Basic Utility Appn. Filing Fee	<u>\$355.00</u>
206	Basic design Appn. Filing Fee	
	Subtotal (1)	<u>\$355.00</u>
203	Total Claims: 3 - 20 = 0; 0 X 0 (fee for each claim over 20)	= _____
202	Tot. Indep. Claims 2 - 3 = 0; 0 X 0 (fee for each indep. claim over 3)	= _____
	Subtotal (2)	<u>\$355.00</u>

Total Payment Enclosed [Sum of Subtotals (1) and (2)] **\$355.00**

Very Respectfully,



Signature of Applicant

Jack V. Smith
Printed Name of Applicant

Date: 7/8/01

Address:

P.O. BOX 156

Arden, NC 28704

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